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\*admitted in MA only

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FA:	X NUMBER:	(703) 872-9306	<u>.</u>			MAY 0	
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OF:		U.S. Patent and T	UFF	CIA			
FROM:		Mark A. Haynes/		• " \			
CLIENT/MATTER:		LSCP 1000-1 (09					
DATE:		5 MAY 2004	·				
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HAY-6 2004

Application No. 09/589,675

LSCP 1000-1

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CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8 I hereby certify that this correspondence is being facsimile transmitted to Examiner Ahmed M. Farah, Art Unit 3739, United States Patent and Trademark Office at Fax No. (703) 872-9306 on 5 May 2004.

Kathryn Marley

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of inventor(s):

Steven C. Murray et al.

Application No. 09/589,675

Confirmation No. 8651

Filing Date: 07 June 2000

**Device for Irradiating Tissue** 

Group Art Unit: 3739 Examiner: Ahmed M. Farah

**CUSTOMER NO. 22470** 

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

## TRANSMITTAL OF AMENDMENT/RESPONSE

In connection with the above-referenced U.S. patent application, transmitted herewith are the following papers:

Response to Official Action mailed 11 February 2004. [X]

[X] A fee for amendment of claims is required, and is calculated as shown below:

NN BARDISDEG	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	LARGE ENTITY RATE	ADDITIONAL FEE
Total Claims	33	33	= 0	x \$18 =	s
Independent Claims	. 8	3	= 5	x \$86 =	\$430
If Amendment adds a	s				
Total Amendment Fo	\$430				
If small entity status	\$215				
FEE DUE FOR AM	IENDMENT C	F CLAIMS FOR THIS	RESPONSE		\$215

The total fee due of \$215 is enclosed as PTO Form 2038.

The Commissioner is hereby authorized to charge any additional fees that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-0869 (LSCP 1000-1).

Respectfully submitted,

Date:	A Commence
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